

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90742 007 ***150.00

DOCUMENT # <u>095000072735</u>			
1. Entity Name 65-0614152 M C Clean, Inc. 1848 N.W. 54 Ave. Margate, FL 33093-8726			
Principal Place of Business 65-0614152 M C Clean, Inc. 1848 N.W. 54 Ave. Margate, FL 33093-8726		Mailing Address Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami, FL 33176	
2. Principal Place of Business 1500 SW 131 Way #214N		3. Mailing Address Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Miami, FL	
Zip 33027-2425		Country Country	
4. FEI Number 65-0614152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A City Miami, FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A City Miami, FL 33176	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete Botwin, Harris C 1500 SW 131 Way #214N Pembroke Pines, FL 33027-2425	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Harris C Botwin</u> <u>4-20-04</u> <u>305-279-1070</u>			

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